

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008303

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2487

STATE FILE NUMBER

FILED MAR 15 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN Saint Louis

Length of stay in 1b

16 yrs

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION St. Lukes Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

Inside Limits

Yes ☒ No ☐

c. CITY

OR
TOWN

Velda Village

d. STREET
ADDRESS

(If outside, give location)

6464 Myron Avenue

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Thomas

A.

Kelly

4. DATE
OF
DEATH

Month

Day

Year

March

3

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-23-1901

9. AGE (last birthday)

60 years

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired-Embalmer

10b. KIND OF BUSINESS OR INDUSTRY

Funeral

11. BIRTHPLACE (City and state or country)

Plains, Pennsylvania

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Matthew Kelly

13b. MOTHER'S MAIDEN NAME

Julia Ruddy

14. NAME OF HUSBAND OR WIFE

Helen M. Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

No

16. SOCIAL SECURITY NO.

(If yes, give war or dates of service)

None

17. INFORMANT

Address

Mrs. Helen M. Kelly, 6464 Myron Avenue 20

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Septicemia

gangrene of the right thigh

INTERVAL BETWEEN
ONSET AND DEATH

hours

days

years

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

arteriosclerotic peripheral vascular disease

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Enter only one disease condition given in PART I (a))
advanced cerebral and coronary
and aortic atherosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

May 1959

20f. CITY, TOWN, OR LOCATION

3/2/62

COUNTY

STATE

21. I attended the deceased from

3:30

P.

m on the date stated above, and to the best of my knowledge, from the causes stated.

and last saw her alive on

3/2/62 2

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

600 Union Blvd.

22c. DATE SIGNED

3/3/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

3/5/62

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

CALVIN F. FEUTZ, 4828 Natural Bridge Blvd.

25. DATE RECD. BY LOCAL REG.

MAR 5 1962

26. REGISTRAR'S SIGNATURE

Dean Smith M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1

3

4

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13

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr John Davidson
600 uncut
9/15 to 10/30 today

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John A. Melvin

Licensed Embalmer No. 4486

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.